

NYCServ Violation Copy

Internet



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SUMMONS • FOR CIVIL PENALTIES ONLY

SUMMONS NUMBER: 0204 502 751

ENFORCEMENT AGENCY: Dept. of Parks and Recreation	
AGENCY CONTACT INFORMATION: 311 DIVISION: URS	
LAST NAME OR COMPANY NAME (Print)	FIRST NAME
Marte	Christopher
CELL PHONE #:	
STREET ADDRESS: n/a	
APT. NO. 5B	
CITY: New York	STATE: NY ZIP: 11009
ID NUMBER: n/a	
TYPE OF ID/ISSUED BY: Verbal	
DATE OF OCCURRENCE: 4/13/19 TIME OF OCCURRENCE: 12:40pm	
PLACE OF OCCURRENCE: East River Park Field 3 at	
BOROUGH OF OCCURRENCE: Manhattan CB No. 7	
<input type="checkbox"/> Alternative Service	

You must respond to the Summons. You can appear on the hearing date and the location below or choose another option. For other options on how to respond, see the back of this page.

HEARING DATE: 6/25/19 AT: 8:30am

OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS:

Manhattan See reverse side for address
(borough)

Phone: (844)628 4692

FOR HEARING OPTIONS, SEE THE BACK OF THIS PAGE

REFER TO THE SUMMONS NUMBER ABOVE ON ALL CORRESPONDENCE

WARNING: If you do not respond, you may be found automatically responsible and you may owe larger penalties. If you do not pay any imposed penalties, you may lose your ability to keep or get a City license, permit or registration. The City might also take further legal action against you. See the back for more information.

Details of Violation(s)	
Section/Rule: Section 1-64 (i)	OATH Code: A 1 8
Mail-In Penalty: \$ 100	Maximum Penalty: \$ 150
<input type="checkbox"/> Respondent must appear in person	
At 11:40 I did observe the respondent with his large brown dog off leash in an area (ball field) which prohibits dogs at all times. Field 3.	
<input type="checkbox"/> Property Removed <input type="checkbox"/> 1-2 Family <input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Commercial	
NYC Charter Sections 1048 and 1049-a and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings.	
I, an employee of the enforcement agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.	
RANK (TITLE) SIGNATURE OF COMPLAINANT	REPORT LEVEL (If a number, Comm'd, Sup'd, Unit, etc.)
Sgt. M. Manger	0001
COMPLAINANT'S NAME (Printed)	TAX REGISTRY NUMBER
M. Manger	160491
AGENCY	NYC Parks
NOTICE ALSO SENT TO	FIRST NAME
LAST NAME	
STREET ADDRESS	
CITY	STATE
ZIP	

OATH



0204 502 751